

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-879)

FILED NO. 10/578748  
FILING DATE 10/12/01  
APPLICANT

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							S1					
2	/							S2					
3	/							S3					
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49								S49					
50								S50					
TOTAL P.D.	/		↓		↓		↓						
TOTAL O.C.	21		←		←		←						
TOTAL C.I.A.	21												
	22												

PTO-1369 (REV. 9/03)

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